TIC

TWENTY-FIVE CENTS

MARCH
1950

How many buttons are there on your shirt?

Seriously —
right now without counting — can you tell how many buttons your shirt has?

Give up?

If you didn't know, don't be alarmed. It's amazing how few of us know the details of certain operations we perform every day of our lives. We do so many things from habit.

That's the reason for this letter.

Perhaps habit and pressure of business have caused you to overlook the excellent possibilities offered by our laboratory. Top quality is a habit with us.

Send that next case to us and you'll be amazed at the results. We're sure you'll make it a habit — a good habit!

There are *8* buttons on the average shirt.

TIC for Dentists, Dental Assistants and Dental Hygienists

Published monthly by TICONIUM
413 North Pearl St., Albany 1, N. Y.

Annual Subscription, $2.50
Editor, JOSEPH STRACK

March 1950

NUTRITION'S GROWING ROLE IN DENTAL THERAPY
"The nutritional and metabolic phase of practice will occupy a greater part of dentists' attention in the future . . . because the largest advances will come here." 1

DEATH FROM TOOTH EXTRACTION
". . . that case might have been in my lap. The other dentist did not do anything that I would not have done, yet this occurred." 10

HEART-TO-HEART
Some take-it-easy, live-longer advice for all dentists 11

Rx FOR LIVING
The story of a dentist who has won national recognition as a humanitarian 12

IS YOUR PATIENT'S NEUROSIS SHOWING?
How to recognize the neurotic patient, and suggestions on how to deal with him 15

Copyright, 1950, Ticonium

Opinions expressed by contributors to TIC Magazine do not necessarily reflect the views of the publishers

Printed in U.S.A. by New England Printing and Lithographing Company, Inc.

Cover artist, Jack Hilton

Nutrition's Growing Role in Dental Therapy

By JOHN SCOTT DOUGLAS

ONE milestone in our expanding knowledge of the relationship between nutrition and dental health was laid when a Cleveland dentist's twelve-year-old son developed endocarditis. The boy, Donald Price, conducted a successful mail-order business from his bed for four years, and before his death he left the profits to be devoted to finding the cause of disease.

The late Dr. Weston A. Price and his wife, Florence, kept this bequest intact, and Mrs. Price increased it with much of her own inheritance. Because they used the fund as their son intended, and because of the work of others who pioneered the same pathway, we have a clearer picture of the role nutrition plays in dental therapy.

When past forty, the Prices began a series of voyages to discover whether the cause of dental disease could be found in studying healthy teeth. They found such teeth principally among people living on natural, unrefined foods containing a profusion of minerals and vitamins. Parents also produced sound offspring on such foods. However, their later children would have disturbed dental patterns, narrowed arches and often deformed bodies shortly after the parents adopted such commercial foods as white flour and sugar, polished rice, hydrogenated vegetable fats, and canned goods. This degeneration of a once healthy stock through malnutrition, Dr. Price called "intercepted heredity."

Stefánsson had made the same observation regarding the Eskimo. McCarrison had reproduced the diseases of the tribes of India in white rats fed the diets peculiar to each tribe. But because Dr. Price's work covered fourteen races in many parts of the world, it was of far vaster scope and consequently of greater significance than any similar study.

The Role of Dr. Hawkins

Among other members of the profession working on dental pathology was Dr. Harold F. Hawkins, a quiet, tenacious and scholarly Associate Professor of Bacteriology and Preventive Dentistry in the University of Southern California's College of Dentistry. Clinical work had by 1920 convinced him that a means must be found to reduce the alarming prevalence of dental caries.

When two years' study among professional sources had shed little light on the problem, he attacked it by chemical and bacteriological means; his test animals, white rats and domesticated pigs. Four years of research resulted in a graph based on buffer pH and calcium content of the saliva, with which he could determine whether caries were active or arrested.

Using this instrument of control, Dr. Hawkins undertook a mass demonstration to reduce by applied nutrition the rampant dental decay among one hundred children of a Los Angeles orphanage. The children averaged five and a half open cavities and two filled teeth at the beginning of the demonstration, which was supervised by officers of the Los Angeles County Health Department and the Los Angeles Dental Society. Not more than a dozen of the deepest cavities received

UNLIKE OLDER GAELICS, MODERN HEBRIDES ISLANDERS HAVE RAMPANT DENTAL CARIES TYPICAL OF THE YOUNG MAN AT THE UPPER LEFT, WHO SUBSISTED LARGELY ON WHITE FLOUR PRODUCTS, COFFEE AND SWEETS AFTER MOVING TO THE PORT OF STORNOWAY. HIS BROTHER ON HARRIS ISLE RETAINED HIS EXCELLENT TEETH ON HIS FOREFATHER'S DIET OF COARSE OATMEAL AND SEAFOODS. DENTAL DISEASE ATTACKED EVEN THE FRONT TEETH OF THE BARDSEY ISLAND GIRL LIVING ON MODERN COMMERCIAL FOODS, BUT THE STORNOWAY GIRL AT LOWER RIGHT HAD PERFECT TEETH THROUGH HER PRIMITIVE DIET.

fillings, and these only because of immediate danger of pulp involvement. The Scotch cook cooperated fully in preparing the prescribed food, and through this dietary treatment only the remaining open cavities became hard and polished where formerly soft and leathery. At the end of two and a half years, only one new cavity had appeared — in a child off the regime for three months due to scarlet fever!

Impressed members of the dental profession demanded courses in Dr. Hawkins' method of control. In January 1931, he began a series of courses at U. S. C. to teach the fundamentals of nutrition, particularly as applied to dental caries, and related courses in his laboratory technique of determining whether caries was active or arrested, and what his treatment should be. Most of the twenty-four students enrolling were practicing dentists, but two, interestingly enough, were physicians.

With the completion of the courses, the enthusiastic group asked Dr. Hawkins to give monthly lectures on nutrition to help students better to grasp the biological problems involved. This group, the Hawkins Study Club, was later renamed the Academy of Dental Nutrition to encourage other speakers to appear. Many members bought chemical equipment to run their own tests in order correctly to prescribe better diets for patients.

Generously, this group gave their time in emergencies. Once, for example, attention was called to the deplorable caries problem of the Japanese children on Terminal Island, San Pedro, California, and the Academy descended en masse. Many of these children's teeth were decayed to the gum-line and with discharging abscesses. The thousands of teeth needing treatment were beyond the capacity of the single Japanese dentist on the island, or the financial means of parents. Academy exodontists extracted abscessed teeth, others filled the worst cavities, and even more far-reaching work was done by other members who instructed the Japanese dentist and the school nurse in the technique of preventing further decay through proper nutrition. The situation was left greatly improved, though still not ideal.

Space limitations prevent the details of this group's changes in name and membership. One change of name made the group more congenial to physicians. Soil conservationists and agriculturists were included with the recognition that proper nutrition could not come from foods raised in impoverished soils. Nurses, dieticians, dental hygienists, biochemists and others in health work were later admitted as associate members. Eventually, interested non-professionals were included. Renamed the American Academy of Applied Nutrition, it now has chapters in Los Angeles, Monrovia, Glendale, Long Beach, Redlands, San Diego, Seattle, Oklahoma City and New York, with others now forming.

Meanwhile, the tragic dental neglect Dr. Hawkins found among so many College Clinic patients, with no real preventive effort being made, led him to sever his university connections on April 1, 1932, and open a downtown Los Angeles office to which dentists could send patients for diagnosis and diet regulation — probably the first dental office without either instruments or a dental chair. It was equipped with a chemical laboratory, which Academy members could use. There Dr. Hawkins conducted monthly overflow meetings to which his colleagues brought case problems for discussion.

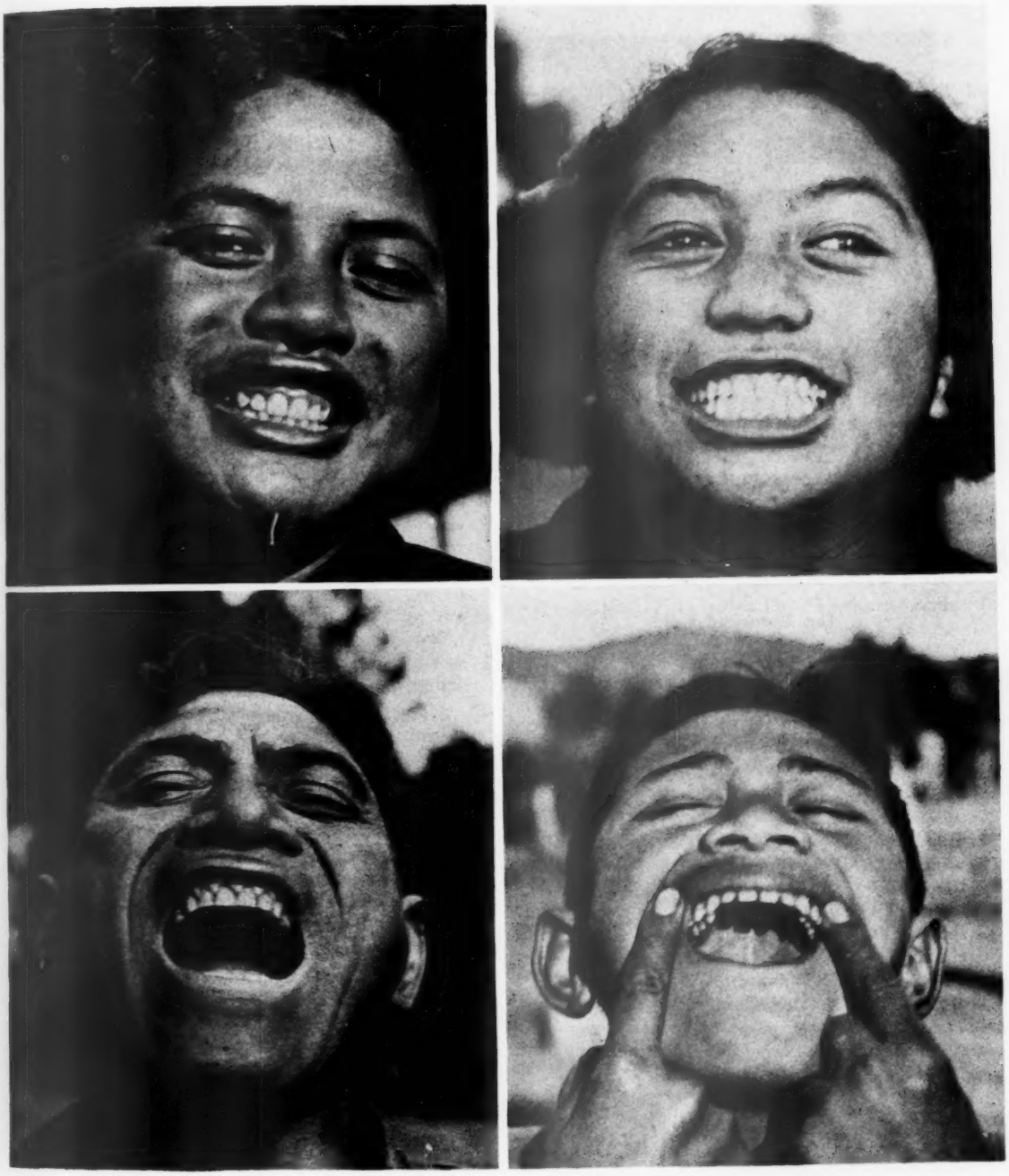
For this innovation no worse time than the depression year of 1932 could have been chosen. Yet from the beginning the idea proved sound. Many patients were as willing to pay for the prevention of dental disease as for typhoid shots. Probably they will never be in the majority, however, because the average person visits a dental office only when in pain or in danger of losing his teeth. But Dr. Hawkins believes the number who will pay for preventive work will increase with health education.

In the beginning, Dr. Hawkins treated chiefly dental decay cases, but during his last five years of Los Angeles practice he treated more pyorrhea than all caries and erosion cases combined. And during his last ten years in the city hundreds of cases were sent by physicians in order that he might normalize the body chemistry of patients so they would respond more rapidly to medical treatment. Approximately 85 per cent of his patients were definitely helped. Of the remainder, he concludes that half the failures were due to lack of patient cooperation; the other half, to a failure to properly diagnose cases, or to infections or other conditions making response to the program impossible.

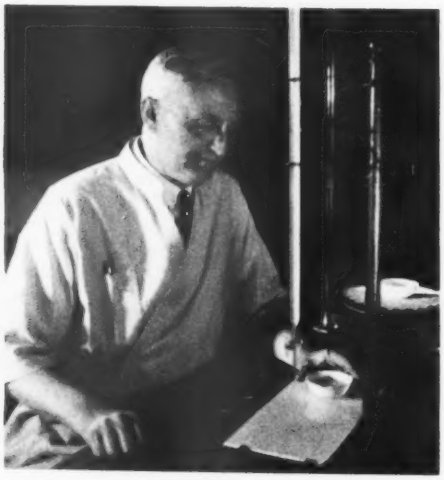
Patients were given an oral examination sufficient to establish the nature of the difficulty; chemical tests were made on the saliva, urine and stool; and pulse, temperature, blood pressure and

(Continued on Page 6)

MODERN NEW ZEALAND MAORIS USING THE COMMERCIAL FOODS OF THE WHITES HAVE RAMPANT DENTAL CARIES AND NUMEROUS ABSCESSED TEETH.



NEW ZEALAND MAORIS, REPUTED TO HAVE THE FINEST TEETH AND BODIES OF ANY RACE, HAD BUT ONE TOOTH IN A THOUSAND ATTACKED BY CARIES BEFORE THE INTRODUCTION OF "CIVILIZED" FOODS. NATIVES SUCH AS THESE, STILL LIVING ON THE PRIMITIVE DIET OF THEIR PEOPLE, HAVE EXCELLENT DENTAL ARCHES AND VIRTUALLY NO DECAY.



DR. HAROLD F. HAWKINS

(Continued from Page 3)

hemoglobin were checked. Also, X-ray pictures were usually taken.

Ten Thousand Cases

Dr. Hawkins regarded each patient not only as a separate individual, but also as distinct from a chemical standpoint. Few of his ten thousand case histories in preventive work are precise duplicates, but three cases may nevertheless suggest the nature of the examination and treatment given.

Mrs. G., a woman of sixty, was sent to Dr. Hawkins because of an alveolar ridge absorption under her dentures, with a congested soft ridge that presented an unsatisfactory base for a new restoration. An examination showed that she suffered from a systemic pyorrhea of the low-calcium, high-phosphorous type. Mrs. G drank quantities of fruit juices, but due to the poor oxidation of their organic acids had a pronounced acidosis. The amyitic secretion of her pancreas was deficient, and she also was low in Vitamin D.

Her calcium intake was increased to encourage regeneration of the alveolar ridge, and her phosphorus intake reduced. Fruit juices and acid fruits were eliminated. She was put on a diet high in Vitamin B, supplemented with 16 grains of pancreatin and a 1,000 unit capsule of Vitamin D daily.

Within two months, a relatively firm dental ridge, free from congestion, had formed. Mrs. G.'s dentist was able to make a good impression, and the dentures he made then still give good service.

Mr. L., a man of seventy-two, came to Dr. Hawkins after suffering intense pain for six years from tic douloureux, or trifacial neuralgia. The trigger point in this case was at the upper right side of the lip. From there sharp pains shot intermittently to the base of the brain. Chemical tests showed an acidosis, a deficiency of calcium and Vitamin A, and poor external secretion of pancreas, particularly in the starch and protein-splitting enzymes.

Fruit juices and acid fruits were eliminated from L.'s diet, and milk and buttermilk were prescribed to increase his calcium. Thirty grains of pancreatin and 50,000 units of Vitamin A were prescribed daily. After a few weeks of this diet, L. had complete relief from his painful attacks.

E., a girl of twelve, was sent to Dr. Hawkins by a physician. She had such poor ligament and muscle tone that her knee caps often slipped from position. She wore elastic stockings to prevent this dislocation. Her teeth were immune to dental decay, but her largely vegetarian diet of fruits and vegetables, with the addition of a quart of milk a day, and only one meat meal and two eggs weekly, was not in the long run likely to produce sound teeth.

Chemical tests explained the slippage. E.'s potassium level was so high, due to the high vegetable and fruit program, that it caused poor muscle and ligament tone. The high potassium also caused poor retention of calcium and chlorine notwithstanding an adequate intake.

After consultation with the child's physician, Dr. Hawkins changed her diet. Milk consumption remained unchanged, however, but E.'s fruit and vegetable intake was drastically reduced, and replaced with quantities of meat, fish and eggs. Within sixty days, E. discarded her elastic stockings, and in the eight years since then she has had no further slippage.

Dr. Hawkins feels there will eventually be prepaid dental services similar to today's prepaid medical services. That time, he thinks, may come sooner than many of the profession now expect. When it does, preventive dentistry will come into its own. For the more dental pathology that is prevented, the more remunerative a practice will become.

Dr. Nakadate Takes Over

Dr. Hawkins moved recently to Chico, California, to follow a less strenuous program. Before

leaving, he trained a brilliant young American-Japanese, Dr. M. M. Nakadate, in his methods. Dr. Nakadate, with both M.D. and D.D.S. degrees, had a large practice, which he all but abandoned to enter preventive work. His new practice, however, is steadily building. He retained Dr. Hawkins' able laboratory assistant, and she has equipment complete enough to make every necessary chemical test. Ninety-nine per cent of Dr. Nakadate's patients are Caucasian.

DR. M. M. NAKADATE

Keeping Dr. Hawkins' work alive and spreading knowledge of it through a widening group of physicians and dentists, is, in his opinion, of greater importance than the small number of patients one man can reach. Besides his active practice, Dr. Nakadate conducts three study groups — one for members of the dental profession, the other two for both dentists and physicians — and he has been asked to start four others.

Meet Dr. Blanchard

Another prominent member of the profession in Los Angeles who uses applied nutrition extensively in his practice is Dr. Clarence H. Blanchard, a large and powerfully built man with an amazing capacity for work. In part, this may be the result of a physique developed by three years in the Forest Service before he studied for his B.S. and D.D.S. degrees.

Dr. Blanchard is a member of the International College of Dentists; has taught prosthetics at U.S.C. and lectured on it at Los Angeles City College; and has appeared on many national, state and local programs. He is a machinist and inventor of vacuum dental laboratory equipment. In 1940, a pair of dentures he presented before the National Society of Denture Prosthetists was chosen from the twenty-five tested as having the highest masticating efficiency. The spring center bearing he devised for balancing occlusion in artificial and natural dentitions is now required usage in all denture cases finished at the U.S.C. College of Dentistry Clinic. He collected the only set of statistics known to the A. D. A. headquarters on the incidence of decay under fillings. He also edits the *American Academy of Applied Nutrition Journal* and its *News-Letter*. With it all, he's a likable, very human sort of person.

Dr. Blanchard feels that Dr. Price did an inestimable service to mankind in discovering the consistent rule that ill health and dental disturbances follow the highly refined foods of commerce throughout the world, whether among civilized or primitive peoples. Patients do not welcome a lecture on this point, however, but he finds them susceptible to suggestion when being worked on. Casually Dr. Blanchard will remark, "If Americans couldn't buy white flour and sugar, I'd go out of business in about three years."

If a patient is interested Dr. Blanchard points out that the need for much of his work is the result of refined carbohydrates, which lack the buffer-building values teeth could have if the patient ate foods containing proteins, minerals and vitamins. Carbohydrates deal a double blow, he adds, by feeding the bacteria that cause decay and failing to maintain a natural defense mechanism normally contained in a healthy saliva. They provide energy, but since the average American

DR. CLARENCE H. BLANCHARD

takes little exercise, his need for "go" foods is low, but at the same time he has constant need for repair and body-building, or "grow," foods.

Dr. Blanchard will show the more interested patients how the path of nutriment in plants is from the roots up through the stem, and that water traveling this path mostly evaporates at the surface, leaving behind anything in solution. Thus there is fifty times more minerals and vitamins in the blanched outer leaves of lettuce than in the inner leaves; ten times the Vitamin C in the skin than in the juice of citrus fruits.

He feels that if a patient understands what foods cause dental decay, no positive diet program is necessary. The patient avoiding foods harmful to him has left only those that are beneficial. These suggestions create a strong feeling of appreciation, for the patient feels he has found someone who cares about him. It builds a loyal following.

More than that, it reduces the need for prophylactic treatment among patients who change their diet. "Gooey foods make gooey teeth" is Dr. Blanchard's way of simplifying the matter for patients. "And crisp whole foods are natural cleansers." With normal brushing, the teeth of most patients on whole foods need cleaning only at intervals of a year or longer.

The Use of Applied Nutrition

Illustrating the use of applied nutrition in Dr. Blanchard's practice was a young woman patient of twenty-three, the mother of three small children, who came to him in 1943. She had fairly advanced pyorrhea and numerous cavities. There was alveolar ridge crest absorption due to the withdrawal of calcium. A minimum number of cavities were filled, some teeth showing etching in X-rays being left untouched. The woman could grasp the connection between her highly carbohydrate diet and the rapid disintegration of her teeth and ridge. She changed her family's diet, and at her next visit for X-rays the cortical plate of her alveolar ridge had reformed and the etched tooth surface areas remained stationary. There has been no further decay or loss of bone since then, and her three children have perfect teeth.

One of the foulest mouths Dr. Blanchard ever saw was that of a woman of thirty-five. Many teeth were extremely loose; three first molars required extraction. Spot grinding was also necessary to remove traumatic occlusion. This patient "latched onto the idea" of the need of a healthy diet. In the past twelve years, she has lost no more teeth. Nor has there been any progression of the pyorrhea. Her lower anteriors, which had lost three-quarters of their bone support, are still somewhat loose, however, though free from irritation and infection.

Another girl, five years ago, required twenty-two large fillings, and also had etched areas which Dr. Blanchard left untreated. She cooperated in following a healthful nutritional program of dairy products (certified raw milk, butter, and cheese), meat, fish, eggs, fresh vegetables and fruits, whole wheat bread and whole grain cereals. She has never needed another filling. Her latest X-rays show a marked increase in calcification of the bone trabeculae, which forecasts strong support for her teeth through the years instead of the progressive weakening which was accruing.

Dr. Blanchard prefers to see this building process rather than the calcium withdrawal so common to most Americans. It is constructive, whereas eventual extraction and repairs, fluoride treatments, and ammoniated powders strike at effects rather than causes. If infections due to pyorrhea make extractions necessary, he points out, the associated underlying withdrawal of mineral from the skeleton may continue, in time causing the loss of ridge under dentures. Proper nutrition often by-passes these difficulties.

Dentistry in the Future

Though Dr. Blanchard believes a prohibitive tax on bleached white flour and sugar might eliminate the need for most dentists, he considers a drive toward state medicine more likely. The most potent weapon dentists have against such domination of their profession, in his opinion, is nutritional therapy, and the general use of what nutritional information is already available by all people. "The land of opportunity," as he expresses it, "should mean an opportunity to use body 'builder-uppers' as the most protective form of health insurance for all." Preventive work, he believes, can reduce the overwhelming need for dental care which in many cases today cannot be met because of economic situations.

The nutritional and metabolic phase of practice will occupy a greater part of dentists' attention in the future, he feels sure, because the largest advances will come there. Mechanically, dentistry has almost reached its peak, Dr. Blanchard feels, but the profession still has enormous opportunities for progress in nutrition.

DR. WESTON A. PRICE

THE late Dr. Weston A. Price, unquestionably one of the outstanding practitioners of dentistry, was born near Newburgh, Ontario, Canada, in 1870. After receiving earlier education in Canada, he entered the University of Michigan, receiving his D.D.S. in 1893.

Shortly after beginning practice in Cleveland, Dr. Price's inquiring mind led him into dental research. Ten papers on cataphoresis and the desensitization of teeth were followed by others on dental radiology. At the International Dental Congress in Paris in 1900, he demonstrated "skiographs" made with radioactive salts. Three years later, he introduced the first pyrometer-furnace for baking porcelain teeth.

He assisted in developing the casting technique by his studies on the properties of different materials, and by his reports on the physical characteristics of gold during the melting and cooling process, and the behavior and control of wax patterns and investments.

For seven years he devoted half his time to the establishment of the Research Institute of the National Dental Association. The value of its dental research was recognized, later being taken over by different universities.

When medical researchers had clarified the nature and origin of focal infections, Dr. Price investigated the extent to which teeth were responsible. His findings were reported in twenty-five papers, numerous lectures, and two standard texts, *Dental Infections, Oral and Systemic* and *Dental Infections and the Degenerative Diseases.*

These studies and later ones on calcium metabolism led him in 1925 to investigate the relationship between nutrition and caries, dental diseases and malformations. Frequently, for eighteen years, he interrupted his practice to discover whether the cause of these disturbances could be learned in studying peoples with healthy teeth. His travels by train, boat, ship, plane and afoot eventually equalled six times the earth's circumference.

Assisted by his wife, Dr. Price studied Alaskan Eskimos, the Indians of the Americas, the natives of Africa, Australian bushmen, Maoris, Melanesians, Malays, the Gaelics of the Outer and Inner Hebrides, and the Swiss of remote Alpine valleys. Laboratory and visual observations filled scores of notebooks, were documented by more than 18,000 photographs. Results of the study appear in Dr. Price's monumental work, *Nutrition and Physical Degeneration.*

THE LATE DR. WESTON A. PRICE

Critics quarrel with some of its conclusions, but Dr. Price's principal thesis is bolstered by massive evidence. Briefly, it might be stated as: "Peoples living on natural foods are healthy and produce sound offspring; caries, dental and physical degeneration set in and the diseases of civilization appear with the introduction of the processed foods of commerce." Dr. Hooton, the Harvard anthropologist, writes in a foreword to the book that his sincere admiration is tinged with envy that he had not himself made this discovery.

Widely recognized for his tireless labors, Dr. Price was awarded the Certificate of Honor of the A. M. A. in 1914, the Callahan Medal in 1931, and the presidencies of three Ohio dental societies. His journals and photographs went before his death in January 1948 to the American Academy of Applied Nutrition in Los Angeles. Nearly every modern book on nutrition acknowledges its debt to his exhaustive study of physical degeneration.

J.S.D.

Photographs on Pages 2, 3 and 4 are from the Price Collection and are reproduced in *TIC* through the courtesy of the American Academy of Applied Nutrition.

Death from Tooth Extraction

By JOHN G. LOGAN, D.D.S.

IT IS just fifty years ago since I did my first dental operation – an extraction. Since then I have taken out by extraction thousands of teeth.

In my early days in practice, I used to set aside a day for extractions only, and have all the patients come who desired – as we termed it then – their mouths "rid out" for dentures. One day I took out or, preferably, extracted, one hundred and fifty teeth, for the magnificent sum of twenty-five cents each. Yet I never had a fatality. Why? Just luck. And it took thirty years before I realized the gravity, the hazard, of what we call a simple extraction.

It was on a busy afternoon. A young woman, the mother of two children, called for an extraction, a lower second bicuspid. I couldn't fit her into my schedule, and my assistant referred her to a dentist next door. Two days later she reappeared at my office for palliative treatment; the tooth socket was giving her considerable pain. The dentist who had extracted the tooth was out of town. Again I could not take her, and my assistant telephoned another dentist, who agreed to treat her. The dentist took an X-ray of the socket, gave her palliative treatment, and sent the radiogram to me.

Upon examination of the picture, I could see nothing wrong. I just passed it off as a dry socket. (I knew nothing about the cause of a dry socket.) But, ten days later, I learned she died in a nearby hospital.

That stimulated some intense thinking – that case might have been in my lap. The other dentist did not do anything that I would not have done, yet this occurred.

A Series of Fatalities

It disturbed me considerably, and my concern was magnified by seeing the father pass my home on Sunday morning on his way to church with those two motherless children. I vowed that I would spend the rest of my life, if necessary, to get the answer. Then I also learned that six persons died that same year in one nearby city, a like number in another nearby city, and other persons in a third nearby community – all within a radius of twenty-five miles. Why should all of these people – in comparatively good health, most of them young, one a popular athlete – have died? I *must* find the answer, I told myself.

It has never been my inclination to "live off the roads." I also get the papers, so I began to delve for that answer. I read every treatise on dental surgery, from sixty years back to the most modern, but I did not find the answer. It became an obsession with me because I saw that man or his children several times a week, and I could not get that case off my mind. There must be an answer, I insisted.

One night after retiring, too restless to sleep, I fell to reminiscing. My thoughts drifted back to my youthful days in the country. I remembered a horse-breeder whose farm was near the town where I had lived. Then I recalled a time when I was out there watching a veterinary surgeon castrate a colt. I noted that he cut a slit in the scrotum, elevated the gonads, and, with forceps that looked like a blacksmith's tongs, he squeezed them off.

Of course, anything bordering on the hero has a fascination for a small boy. I, being no different, followed the veterinary until he stopped to talk to the owner of the colt. The horse-breeder asked him why he had not used the knife to remove the gonads. The veterinary replied, "When I bruise them off I don't have the bleeding and I think I get more rapid healing."

The Answer to the Problem

At that point, my memory of this incident gave me a clue. *He doesn't get the bleeding.* That's why we get our dry sockets, and death may ensue where there is pus present!

We don't get the bleeding, and that is how we do it! We take hold of the tooth (say a lower bicuspid) with the forceps and we lever it bucolingually; the crest of the socket is the fulcrum, the forceps are the power, and the apex of the tooth is the weight or load. Since the walls and apex of the tooth are highly vascular, we lacerate and mascerate the vessels and close them, as the veterinary did. The tooth comes out and the socket is white – little or no blood – followed by the dry socket. But if there is acute abscess and pus present, we may force some of this pus into

the veins whose valves carry it back into the blood stream or through the emissary vessels (not always present, but who knows this?) to the cavernous sinus and brain. The patient's eyes bulge and death ensues.

Now, just how are we going to stop this? By retracting the gum tissue, removing the process and removing the tooth just one way without wiggling it or levering it buco-lingually. My method is to remove it buccally — up and out. A copious flow of blood will follow from the socket. Why worry about the process removal? Absorption will take it away anyhow, and perhaps you have saved a life!

Testing a Theory

My first test of my theory was with the wife of a physician for whom I treated and filled a right and a left lower six-year molar some twenty years ago. She had some systemic ailment, and the doctor wanted the pulpless teeth removed. I extracted one. Her physician-husband tried to give her palliative treatment, but to no avail. She called me on Christmas Day, two weeks after the tooth was removed. I was able to give her relief until resolution set in, and did not see her for three months.

At that time I called her on the phone and told her that I was ready to extract the other tooth and that I had a technique that would absolve her from any post-operative pain. She presented herself the next day and I removed the process, took the tooth up and out, sutured the flap, and dismissed her. I did not see her again until three months later, when she presented herself to have the teeth bridged in. She told me she did not have a bit of socket pain, just a little in the gum area when she ate on that side. Since that time I have extracted hundreds of pulpless teeth without a single dry socket. Of course, the hazard is remote in vital teeth as there is little likelihood of pus at the apex.

This is not written for the purpose of scaring anyone. As all of us know, the chance of a fatality is remote. However, we also know that most of us have violated every tenet of gentle surgery by the utilization of every traumatizing force short of dynamite in the removal of teeth — and got by with it. As we grow older in practice, learn more, and become increasingly impressed with the hazards of exodontia, we can find a sense of security in the knowledge of the causes and prevention of those hazards. That knowledge, fortunately, is available to all of us.

Heart-to-Heart

IF that filling wasn't right
Or that inlay seemed too tight,
Just try again.
For too much grief and aggravation
May bring about the innovation
Of cardiac pain.

If that bridge didn't go to place
Keep a smile upon your face,
Don't be sad.
Long as your ventricles work well
And your auricles don't swell,
Be glad.

If that patient's bite is closed
So that her chin can touch her nose,
Cheer up.
For in this apoplectic age,
It seems to be the rage
For hearts to go ker-plup!

So if that patient didn't pay
When you finished her that day,
Be at ease.
'Cause the papers are filled
With the thousands who are killed
By heart disease.

Maurice J. Teitelbaum, D.D.S.

℞ *for Living*

DENTIST ROSE JEWEL SACHS – HUMANITARIAN

By JOSEPH GEORGE STRACK

WHO HAS THE RIGHT to be happy? How can one achieve happiness?

Dr. Rose Jewel Sachs has found the answers to these fundamental questions.

One of ten children in a well-to-do family, she nevertheless learned early in life something about the raw rigors of existence in deprived areas of a great metropolis. There was always a needy caller, a troubled neighbor, or even a distressed stranger, at the home of her warm-hearted parents; and there was always compassion, understanding and ready help. Rose, a beautiful, blonde-haired, blue-eyed child, learned to recognize the forces that belittle and damage human beings. She was determined to do everything she could to alleviate suffering and want when she grew up.

"Things medical intrigued me at an early age—the dignity of the doctor, the odor of drugs, the atmosphere of the hospital," she says. "At eleven these ideas were brought into focus and a design for living was formed. A chance visit to an office building—an open door— the sight of a diminutive woman, in a starched, white uniform, removing a tooth from the jaws of a huge sailor. I remained at the door, transfixed. Such a miraculous feat! Some day I too would do that, I told myself."

At seventeen she entered the College of Dental and Oral Surgery, now a unit of Columbia University, the youngest student among ten girls and ninety men. No pre-dental courses were given or required then. The Class Year Book predicted the merriest, gayest future for her, one of the most attractive women in the medical sciences. But her life was to be otherwise.

Her husband was a chronic invalid for eighteen years, until his death seven years ago.

To hold her own in a world of men dentists, she worked hard to perfect her technique in extraction. At home she devoted herself to her husband and son, but never forgot those whose troubles were greater and whose resources were less. She gave of her professional skills unstintingly, in the disillusioning settings of homes for the aged and in the stimulating atmosphere of agencies for underprivileged children.

For the last eighteen years Dr. Sachs has helped hundreds of boys and girls at the First Hebrew Day Nursery, in the teeming Williamsburg section of Brooklyn, to achieve dental health. A nonsectarian institution, the nursery takes care of children of working mothers and youngsters from broken homes.

Dr. Sachs organized the dental clinic during the Depression, and has operated it ever since. It is a modern, totally equipped, dental office. Each child is examined twice a year, oftener if necessary. Treatments are given, along with instructions on the care of teeth. Dr. Sachs devotes at least a half day a week to the youngsters.

"I get more enjoyment out of working with these children than I do at a party," she laughs. She means it. And the children, too, like it. The tiniest tot climbs into the dental chair without fear.

"Mine is a busy, hectic life, with little or no time for the blues," she explains. "I still enjoy the things that make for laughter, and wouldn't change my way of life for any other. The medical profession is still my one and only choice. My days are always full of interesting and exciting episodes." Her patients are devoted to her, and often call upon her to help them solve their problems – all kinds of problems. "One comes across as many heartaches as toothaches in a day," she says.

Dr. Sachs' humanitarianism won her recognition as "Woman of the Day" in a national radio broadcast by Eleanor and Anna Roosevelt. The statement of award said in part: "And now for our Woman of the Day, who is Dr. Rose Jewel Sachs, a woman dentist in Brooklyn . . . Dr. Sachs . . . has a number of hobbies . . . But her greatest joy comes from a project she began about 18 years ago – providing free and constant dental care for some four score little boys and girls in a nursery . . ."

DR. SACHS AT THE DAY NURSERY. BELOW, SOME OF HER DENTAL WARDS.

When one expresses appreciation of Dr. Sachs' tireless energy on behalf of all these little patients, she quickly points out:

"Thirty wonderful women constitute the board of the nursery. They are led by an able, charming, far-sighted president, Mrs. Fanny Freeman, and staffed by competent, kind personnel. Those women work hard and unselfishly for the welfare of those children. No task is too menial. No job is too difficult. They are not patronizing, or fault-finding. These women work in complete harmony for the welfare of these children. Although each can afford the finest self-entertainment and self-indulgence, they give not only their money but their time, efforts and energies to the children."

Mrs. Edith Marks, a board member, assists Dr. Sachs at the nursery clinic.

Before World War II, the nursery opened its clinic to dentally indigent children of a nearby public school. "No words can describe the conditions of the mouths of those youngsters," she recalls. "Their need was desperate." She gave free care to more than five hundred children, all of whom subsequently received dental approval at the school. Most of the youngsters were treated at the nursery clinic, and the special cases were handled at her private office, in a fine residential section, at 585 Montgomery Street, Brooklyn. The most privileged children could not have received better care. X-rays and difficult fillings

DR. SACHS IN THE BROOKLYN DOCTORS' SYMPHONY ORCHESTRA.

and extractions were done there on her "days off." It eventually became a race between Dr. Sachs' strength and the seemingly unending line of dental cripples. The race lasted two years, and terminated with the advent of World War II.

Dr. Sachs has other interests — literature, gardening, and playing the violin. She is a member of the Brooklyn Doctors Symphony Orchestra. Every Wednesday night finds her at orchestra rehearsal in the first-violin section. She is an inveterate reader. Like most experienced readers, she is a most literate, articulate person, and is doing some creative writing of her own. On Tuesday nights she devotes herself to raising funds to send underprivileged children to summer camps.

Dr. Sachs' philosophy is as simple as it is sound: "In helping people who have troubles, I forget my own. Each of us has a skill, a talent, an ability of some kind that the community urgently needs. Mine happens to be dentistry. The skills and knowledge of this profession are sorely needed. Since that is how I can contribute best, I have tried to do my bit. This is a tremendous, fabulous, inexhaustible world, and you can find in it anything — anything — that you seek. You write your own autobiography. Make it a good one. It is up to you."

Who has the right to be happy? The person who is willing to work to earn that right. How can one achieve happiness? By working at it hard enough; by identifying oneself with the welfare of others; and by sharing the hopes and happiness of others — living a purposeful, useful, and enriched existence.

No one who has identified himself or herself with the charm of childhood, the exuberance of youth, and the wisdom of maturity can fail to live a full, fruitful and absorbing life. To live that kind of life — dedicated to the high purpose of selfless service, and rewarded by the rich results of conserving and promoting precious human resources — is to experience a hundred lives in a single lifetime. How much more can any person put into life, or get out of it, than this?

Is Your Patient's Neurosis Showing?

By JOSEPH MURRAY, D.D.S.

LIKE THE BASEBALL PITCHER who gives away his delivery, or the prizefighter who telegraphs his punch, the neurotic patient will indubitably show signs of emotional strain. It is up to the alert dentist to profit from these telltale symptoms.

For example, did you know that fainting, in most instances, was the product of emotional stress or anxiety? And many of you would undoubtedly be surprised to hear that men favor one kind, women another. Did you ever experience the shock of having a husky gridiron star "pass out cold" after a novocaine injection? Or have you ever faced the hysterical female who never fails to remind you: "Doctor, I faint so easily. I always have my special smelling salts handy."

Did an anxious patient ever ask, "Are you sure these dentures weren't switched, Doctor? You know, they often change babies in maternity hospitals."

Did an apprehensive female undergoing her menopause ever say, "You know, my mother died from cancer. Should I see a specialist for this irritation to my gums?"

Has anyone ever asked you, "Will you cover my eyes, Doctor? I can't stand the sight of those instruments."

Have you encountered, "What's the use of replacing my missing teeth? I'm going to lose them all soon, anyhow."

Many dentists have had similar experiences. Unfortunately, these neurotic signs are often mistaken for whims, fancies and eccentricities, to the detriment of dental practices.

Since fainting is an annoying and disrupting event in any dental office, let us consider this phenomenon first. Most physicians are in agreement that fainting and faintness may be symptoms in some organic disorders of the heart and blood vessels, in rare organic brain diseases, and, of course, in conditions associated with severe bleeding. But, in most instances they are the product of emotional conflict or fear.

Two Varieties of Fainting

In recent years, Drs. Engel and Romano of the University of Rochester School of Medicine have made observations on emotional fainting, and have distinguished between two main varieties of this disorder:

First, we have the vasodepressor type of faint, which results from the injection of novocaine or from the withdrawal of blood for chemical analysis. This type of psychological fainting occurs in settings of real, threatened or imaginary danger. The skin is pale and cool, breathing is rapid and deep, or there is frequent sighing, sweating or severe weakness. Blood accumulates in the muscle areas, and, if this results in sufficient impairment of circulation to the brain, a "black-out" may occur.

When this vasodepressor type of faint tends to occur repeatedly from minor injuries, minor pain, or from loss of tiny amounts of blood, the fainting may be considered a neurotic manifestation. Psychiatrists claim that these are unconscious fears of mutilation or castration, especially prevalent in men.

The second type of emotional fainting is more common in women. Consciousness is lost without any demonstrable changes in circulation or respiration. These "hysterical" fainters often show little concern about their attacks, and the faints are prone to occur in the presence of others. Also, unlike the other kind, the hysterical fainter or "swooner" may not regain consciousness when placed in a prone or recumbent position for an indefinite period ranging from moments to hours.

This fainting is a substitute or symbolic expression of repressed instinctual wishes which are unconscious and thus unknown to the patient. Proper psychiatric treatment will bring them to the surface, however.

Types of Cases

Fainting that occurs as a result of needle puncture usually requires no treatment at all save maintenance of a horizontal position. For the hysterical faint, the kind that occurs frequently and without apparent cause, the usual slap on the face should suffice. Repeated occurrences indicate the need for psychiatric consultation.

Patients suffering from an anxiety neurosis will often possess certain phobias. Fear of a malignant tumor, especially during the climacteric, is quite prevalent with women. Other patients will dread the noise of the bur. "Can't you silence it, Doctor?" is a favorite request.

Some will ask that their eyes be covered because they fear the sight of the instruments. Others will not tolerate a local injection because they fear the syringe needle. Then again, there are a goodly number who object to a general anesthetic because they are certain there will be no awakening for them.

Fantastic demands on the part of some patients are yet another indication of their emotional instability. How often do we encounter a patient who insists on a full upper denture only, despite the fact that not a solitary tooth remains in her lower jaw. And many practitioners can testify to the innumerable occasions when patients will refuse to have hopeless teeth extracted. Too many instances of the other extreme are unfortunately also a matter of record. "I want all my teeth extracted," is a very common request.

That some anxiety-ridden individuals desire to be completely unconscious for operative procedures like fillings or extractions is only too true. Some cannot tolerate grinding of their teeth even with the use of an anesthetic. Then again, there are others who will say, "Removable appliances annoy me."

There is yet another type who will show compulsive or obsessive trends. We are all familiar with the patient who is always in a hurry. He cannot wait a minute. He is the type who would like to "barge" in at his own convenience. "I hate to make appointments," is his favorite expression. He has no scruples about asking waiting patients to allow him priority because of the urgency of his case. And he never fails to show the dentist how to perform the operation, or to suggest the type of filling or restoration. Finally, when the doctor attempts to operate, this "jitterbug" will inevitably grab him by the hand.

"IS IT GOING TO BE PAINFUL?"

At last we come to the neurotic pessimist. This individual feels that he will lose his teeth eventually, so he neglects them until an emergency toothache arises. In this category we can also place the emaciated, forelorn-looking woman who has been chewing on her gums for the past fifteen years. She postpones making dentures from year to year. "I just know that I shall never be able to wear false teeth," is her annual lament. "Besides, my husband's (store teeth) knock so, they make me nervous."

The Dentist's Problem

Karen Horney, the eminent psychiatrist, once said, "Were we to eliminate all neurotics from our practices, we might as well close our offices."

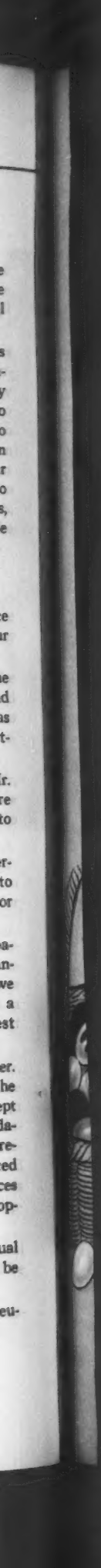
What, then, is the solution, once we do spot the neurotic? The most logical thing to do is to send him to a psychiatrist, without alienating him as a patient. Since this is not always feasible, a tactful approach is definitely indicated.

"You seem to be quite tense and excitable, Mr. Jones," would be a good beginning. Or, "Are there other things besides your teeth that seem to trouble you, Mr. Brown?"

Continuing in this vein, you might add, "Perhaps your personal physician may be able to suggest a remedy or send you to a specialist for consultation."

The elimination from our practices of some patients suffering from emotional instability is another solution worthy of consideration. Since we are not psychiatrists, which to reject poses a major problem. Here, experience is our best teacher.

Of one thing we can be certain, however. Should we have any doubts whatsoever about the patient's mental state and still wish to accept him into our practice, it would become mandatory to warn him in advance that his case presents many problems and that we may be forced to terminate dental services due to circumstances beyond our control or because of lack of cooperation on his part.

That fees are not returnable because of mutual or unilateral desire to arrest treatment, should be emphatically explained.

Better yet, put it in writing – because a neurotic feels that he is never wrong.